| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| FEE DETERMINATION | Smc | 71000 | 8/2/99 |
| O.I.P.E. CLASSIFIER | | | 8-5-99 |
| FORMALITY REVIEW | EA | 60135 | 8/13/95 |

## INDEX OF CLAIMS

| | | | |
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| ✔ | .................................. Rejected | N | .................................. Non-elected |
| = | .................................. Allowed | I | .................................. Interference |
| — | (Through numeral)... Canceled | A | .................................. Appeal |
| ÷ | .................................. Restricted | O | .................................. Objected |

| Claim Final | Original | Date 11/8/00 | | | | | | | | Claim Final | Original | Date | | | | | | | | Claim Final | Original | Date | | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

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